This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
03/01/2022	\$ ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright
Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))										
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31										
	20212 Barcode Data Filing Period (optional - see instructions)										
Accounting	20212										
Period											
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.										
Owner	List any other name or names under which the owner conducts the business of the cable system.										
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.										
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	CEQUEL COMMUNICATIONS LLC										
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
	SUDDENLINK COMMUNICATIONS										
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)										
	TYLER, TX 75701 (City, town, state, zip)										
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.										
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	RUSSELLVILLE, KY										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 (Number, street, rural route, apartment, or suite number)										
	(City, town, state, zip code)										

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2021/2										
		FORM SA1-2E. PAGE 1b.									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
	CEQUEL COMMUNICATIONS LLC	014569									
Area Served	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known									
	CITY OR TOWN STATE										
First	RUSSELLVILLE	KY									
Community											
Add Rows as Necessary											
	P										

Accounting Period: 2021/2 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014569

# Ε

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2							
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:	SUBSURIDERS	KAIL	CATEGORY OF SERVICE	SUBSCRIBERS	KAIL				
	404								
Service to first set	194	34.99							
<ul> <li>Service to additional set(s)</li> </ul>									
<ul> <li>FM radio (if separate rate)</li> </ul>									
Motel, hotel									
Commercial	19	45.95							
Converter									
Residential									
Non-residential									

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1	BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential						
• Pay cable	17.00	Motel, hotel						
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial						
<ul> <li>Fire protection</li> </ul>		Pay cable						
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel						
Installation: Residential		Fire protection						
<ul> <li>First set</li> </ul>	99.00	Burglar protection						
<ul><li>Additional set(s)</li></ul>	25.00	Other services:						
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00					
Converter		Disconnect						
		Outlet relocation	25.00					
		Move to new address	99.00					

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 014569

### CEQUEL COMMUNICATIONS LLC

G

#### Primary Transmitters: Television

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

- basis under specific FCC rules, regulations, or authorizations:
   Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WKLE-1	46	E	LEXINGTON, KY
WKRN-1	2	N	NASHVILLE, TN
WKRN-2	2.2	I-M	NASHVILLE, TN
WKRN-3	2.3	I-M	NASHVILLE, TN
WKRN-HD1	2	N-M	NASHVILLE, TN
WKYU-1	24	E	BOWLING GREEN, KY
WNAB-1	58	1	NASHVILLE, TN
WNAB-HD1	58	I-M	NASHVILLE, TN
WNPT-1	8	E	NASHVILLE, TN
WNPT-HD1	8	E-M	NASHVILLE, TN
WNPX-1	28	<u> </u>	COOKEVILLE, TN
WNPX-HD1	28	I-M	COOKEVILLE, TN
WPGD-1	50	<u> </u>	HENDERSONVILLE, TN
WSMV-1	4	N	NASHVILLE, TN
WSMV-2	4.2	I-M	NASHVILLE, TN
WSMV-HD1	4	N-M	NASHVILLE, TN
WTVF-1	5	N	NASHVILLE, TN
WTVF-HD1	5	N-M	NASHVILLE, TN
WUXP-1	30	<u> </u>	NASHVILLE, TN
WUXP-HD1	30	I-M	NASHVILLE, TN
WZTV-1	17	1	NASHVILLE, TN
WZTV-2	17.2	<u> </u>	NASHVILLE, TN
WZTV-HD1	17	I-M	NASHVILLE, TN
WZTV-HD2	17.2	I-M	NASHVILLE, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 014569

#### **CEQUEL COMMUNICATIONS LLC**

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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		<b> </b>					
						•	

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE CVC	FF.M.				FOR	M SA1-2E. PAGE 5.			
Name								SYSTEM ID# 014569			
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fur explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du our system was	ring the accounting perions permitted to delete und	d; enter the le er FCC rules a	tter "P" if the and regulation	e listed progr ons in ITUTE	am			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	4. STATION'S LOCATION	5. MONTH	' l	TIMES  TO	7. REASON FOR DELETION			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		STEM ID
Hailie	CEQUEL COMMUNICATIONS LLC		01456
<b>K</b> Gross Receipts	9	sion service nount, see	740.26
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross	s receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less.  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	3,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	is six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100	0)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6)	00)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2																															FC	ORM:	SA1	-2E.	PA	GE	7.
Name	LEGAL NAME OF OWNER O																																	S	ST O		1 ID -56	
M Channels	CHANNELS Instructions: You must go to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system and nonbroadcast services.	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast.	the cab	mbe able	nber ble	ber le	er o	of a	ons	vat	ed	ch	ann	els d	urin	ng th	ne a		oun	ntin	ng p	oeri	od.	t sta	atior							24 72					]	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			FOR	ORM	RM	RM	ΙΑΤ	ПОМ	N IS	SI	NE	EDE	<b>D</b> (Id	lent	tify a	an in	ndivi	ridu	ual	l																	
for Further Information	Name RODN	IEY HASKINS																					Т	ele	ohor	ne (	903	3) 5	i79	9-31	152							
	(Number,	S SE LOOP 323 street, rural route, apartmer R, TX 75701 n, state, zip)	ent, or su	suite	uite r	ite n	e nı	numb	ber)																													
	Email	RODNEY.HASKIN	NS@A	)AL	ALT	LT	_TI	ICE	EUS	SA.	.C	OM	1					F	-ax	x (d	opt	iona	al)															
O Certification	(Agent of owne in line 1 of s	r other than corporation or particular other than corporation on the corporation of the c	e, but on  tnershi on or pa ner is no a corpora ereby de nowledg	partinot a corati	nip) I  partr not a  pratic lecla lecla, i	p) I artmot a atio clampe, i	rtnet a continue de la continue de l	am  aers corp n) o  re ui nfor	of the the ship; por a property and the ship;	the ov	amon rtn en, a	er on the or per (	e du partn (if a p	y au ershi partno aw th ef, ar bau he li	le sont thore ip; comment and	hip)	of th	s ide	of ega	the all e	ed enti fac d fa	in lii	ne 1	of s the d	pace cable as o	e B; e sys	tem					m						
			SVP, I	, PF	PR	PR	R	00	3R/	ΑI	Μſ	ИII	NG																									
		Date:																		2	2/1	/202	22															

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	014569
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-                                      </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-                                      </u>
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	<u>-</u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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